

Head Teacher Miss P. Blythe

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CONSENT FORM FOR SCHOOL TRIPS AND OTHER OFF-SITE ACTIVITIES

Please sign and date the form below if you are happy for your child to:

- a) Take part in all school trips and other activities that take place off school premises
- b) Be given first aid or urgent medical treatment during any school trip or activity

Please note the following important information before signing this form:

- The trips and activities covered by this consent include:
 - Activities at other educational establishments during the school day
 - All visits (including those which take place during the holidays or a weekend)
 - Adventure activities at any time
 - Off-site sporting fixtures during AND outside of the normal school day
- We will send you information about each trip or activity before it takes place.
- You can, if you wish, tell us that you do not want your child to take part in any particular school trip or activity.

Further written parental consent will not be requested from you for any off-site activities during your child or children's time at Astbury School.

Plus, if applicable, please complete the medical information section below.

MEDICAL INFORMATION

Details of any medical condition that my child suffers from and any medication my child should take during off-site visits:

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Name of child(ren)

Signed..... Date.....



Diocese of Chester

